



SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115
(605) 362-2760 ♦ FAX: 362-2768 ♦ www.state.sd.us/doh/nursing

**APPLICATION FOR RENEWAL
NURSING CORPORATIONS**

REGISTRATION FEE: \$25.00

ARSD [20:48:14](#):03 By November 1 of each year, each approved nursing corporation shall apply in writing to the board for renewal of its registration for the following calendar year. The nursing corporation shall provide in writing any changes to the initial application or previous renewal.

CORPORATION NAME: _____

MAIN OFFICE ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

OFFICERS

PRESIDENT: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

VICE PRESIDENT: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

SECRETARY-TREASURER: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

ALL DIRECTORS AND SHAREHOLDERS

1. NAME: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

2. NAME: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

3. NAME: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

4. NAME: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____

5. NAME: _____ NURSING LICENSE # _____

BUSINESS ADDRESS: _____